



WASATCH COUNTY HOSPITAL

55 SOUTH 5th EAST • HEBER CITY, UTAH 84032

EMR MRW

E/E EMERGENCY DETAIL

DETAIL BILL

IRS NO 94-2854057

PATIENT NAME
MCKNIGHT, JOHN

M 073184 KELLY, JANET R

DATE ADMITTED	DATE DISCHARGED	PAGE NO.
7/28/84 18.1	7/28/84 18.1	
(FC)	PATIENT NUMBER	STATEMENT DATE
4848	500895-8	7/28/84
DOCTOR	DIAGNOSIS	

BILL TO: MCKNIGHT, JOHN
694 WEST 850 SOUTH
WOODCROSS, UT 84087

INSURANCE CARRIER
GROUP NUMBER: 4848-UTAH STATE PUBLIC EMPLOYEES
POLICY NUMBER: 528-44-7101

7/31/84

801:292-1285

DATE OF POSTING	SERVICE CODE	SERVICE DESCRIPTION	RVS	QUANTITY	AMOUNT	REFERENCE	REMARKS
7/31/84	0200014	EMERGENCY ROOM					
7/31/84	0200329	EMERGENCY ROOM SERVICE		1	28.00	00016	012
7/31/84	0200220	SUTURE TRAY - REG.		1	18.00	00016	012
		SUTURE PAKS		3	27.00	00016	012
		** SUBTOTAL ** 5	73.00				
7/31/84	7500093	PHARMACY					
		DRUGS USED IN E.R.		1	9.00	00016	075
		** SUBTOTAL ** 1	9.00				
7/31/84	9200908	E.R. PHYSICIANS FEE					
		ER PHYS FEE		1	330.00	00016	092
		** SUBTOTAL ** 1	13240 330.00				
<i>U-Shaped (fish-mouth) laceration of thumb - many sutures by Dr. Kelly - finally was skin grafted</i>							
This account has been billed to your insurance company. If this billing is not paid by them within 60 days, we will ask you to pay your account in full. You, then may look to your insurance company for reimbursement. If payment is made by your insurance company within 60 days and there is any balance above the payment, this will be billed directly to you.							
TRANS TOTALS W/O BAL FWD		CHARGES	412.00				
		ADJUSTMENTS	.00				
		PAYMENTS	.00				

NOTE: TO AVOID PAYMENT OF 1.5% DELAYED PAYMENT (18% ANNUAL PERCENTAGE RATE) YOU MUST MAKE IN FULL WITHIN 25 DAYS OF STATEMENT DATE.

PAYMENT MADE AFTER THIS DATE WILL APPEAR ON NEXT STATEMENT

412.00

PLEASE PAY THIS AMOUNT

